

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000151680

FILED
Mar 07, 2006
Secretary of State

Entity Name: CONTINUOUS CARE HOME HEALTH CORP.

Current Principal Place of Business:

11875 SW 133 TERR
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

11875 SW 133 TERR
MIAMI, FL 33186

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RAMIREZ, MAYRA
11875 SW 133 TERR
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RAMIREZ, MAYRA
Address: 11875 SW 133 TERR
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: RIVAS, MIRIAM
Address: 11875 SW 133 TERR
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: RAMIREZ, EDEL
Address: 11875 SW 133 TERR
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYRA RAMIREZ

D

03/07/2006

Electronic Signature of Signing Officer or Director

_____ Date